

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township 6600

Primary Registration District No. 1002

City Kansas City

(No. 12 C. General Hosp)

File No. 29587

Registered No. 4006

St. 1200

Ward

2. FULL NAME

(a) Residence, No. Minnie Kuhel Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

9

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME

Andy Kuhel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Mrs. Chas. Judge

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Floral Hill

DATE

8-29-34

19. UNDERTAKER (ADDRESS)

Mrs. E. L. Foster

20. FILED

29

19

34

M. M. Corbett

Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1934 to 8-27, 1934

I last saw him alive on 8-29, 1934 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus Date of onset 59

Other contributory causes of importance:

Diabetic gangrene

Name of operation Amputation of leg Date of 8-29-34

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. J. H. Jones M. D.
St. Joseph Hosp

